

MICHIGAN DEPARTMENT OF AGRICULTURE
FOOD AND DAIRY DIVISION
DAIRY SECTION
P.O. BOX 30017
LANSING, MI 48909

INSPECTOR'S REVIEW OF DRUG SCREENING PROCEDURES

(In accordance with the provisions of Act 266, PA 2001 or Act 267, PA 2001)

Date: _____

Plant Name: _____

Plant Number: _____

Type of screening test used: _____

FACILITIES:

	Yes	No	
1. Work Area			
a. Ample space and utilities	<input type="checkbox"/>	<input type="checkbox"/>	
b. Clean, well ventilated, temperature controlled	<input type="checkbox"/>	<input type="checkbox"/>	
c. Adequate light	<input type="checkbox"/>	<input type="checkbox"/>	
2. Storage Space			
a. Sufficient storage cabinets, drawers, and shelves	<input type="checkbox"/>	<input type="checkbox"/>	
b. Storage neat and clean	<input type="checkbox"/>	<input type="checkbox"/>	
3. Thermometers			
a. Appropriate scale and range	<input type="checkbox"/>	<input type="checkbox"/>	
b. Accurate, checked with a traceable thermometer annually	<input type="checkbox"/>	<input type="checkbox"/>	
1. Accurate to 1°C	<input type="checkbox"/>	<input type="checkbox"/>	
2. Check date and result tagged to thermometer	<input type="checkbox"/>	<input type="checkbox"/>	
c. Dial thermometers <u>not</u> used	<input type="checkbox"/>	<input type="checkbox"/>	
4. Refrigerator and Freezer			
a. Adequate size	<input type="checkbox"/>	<input type="checkbox"/>	
b. Not used to store food items	<input type="checkbox"/>	<input type="checkbox"/>	
c. Temperature checked and recorded daily	<input type="checkbox"/>	<input type="checkbox"/>	
d. Refrigerator maintains 0°C to 4.4°C	<input type="checkbox"/>	<input type="checkbox"/>	
e. Freezer maintains -15°C or below	<input type="checkbox"/>	<input type="checkbox"/>	

REQUIRED FORMS AND INFORMATION:

1. MDA Drug Residue Monitoring and Reporting			
a. Instruction sheets posted	<input type="checkbox"/>	<input type="checkbox"/>	
2. DY-318, Drug Residue Load Screening Log			
a. Used to record screening of all loads, maintain records for minimum of 6 months.	<input type="checkbox"/>	<input type="checkbox"/>	
3. DY-319, Positive Load Drug Residue Screening Report			
a. Used to report positive drug screening loads	<input type="checkbox"/>	<input type="checkbox"/>	
4. Appropriate Appendix N Screening Test Form Available Where Testing is Performed	<input type="checkbox"/>	<input type="checkbox"/>	
5. Manufacturer's Instructions for Use of Screening Test and Preparation of Control Materials Available Where Testing is Performed	<input type="checkbox"/>	<input type="checkbox"/>	
6. Positive Control Labeled with ID	<input type="checkbox"/>	<input type="checkbox"/>	
a. Date prepared on positive control	<input type="checkbox"/>	<input type="checkbox"/>	
b. Expiration date on positive control	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	Comments
7. Negative Control Labeled with ID	<input type="checkbox"/>	<input type="checkbox"/>	
a. Date prepared on negative control	<input type="checkbox"/>	<input type="checkbox"/>	
b. Expiration date on negative control	<input type="checkbox"/>	<input type="checkbox"/>	
8. Expiration date: Prepared controls used for no more than 2 days if stored in refrigerator at 0°C to 4.4°C; 2 months if stored in freezer at -15°C or below.	<input type="checkbox"/>	<input type="checkbox"/>	

SAMPLING PROCEDURES:

1. Samples taken by trained and evaluated Appendix N Sampler or Certified Sampler	<input type="checkbox"/>	<input type="checkbox"/>
2. Bulk tanker temperature taken and recorded	<input type="checkbox"/>	<input type="checkbox"/>
3. Sample must be representative of milk in tanker (Agitation required when necessary)	<input type="checkbox"/>	<input type="checkbox"/>
4. Screening tests run within 72 hours of sample collection	<input type="checkbox"/>	<input type="checkbox"/>
5. Sample temperature must be 0°C to 4.4°C when tested	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Samples may be received at 4.5°C to 7.0°C if time receipt is not greater than 3 hours from collection and the temperature at receipt is not greater than the temperature when collected.

SAMPLE TESTING

1. Report results of control tests on DY-318	<input type="checkbox"/>	<input type="checkbox"/>
2. Report results of all screening tests on DY-318, maintain records for 6 months	<input type="checkbox"/>	<input type="checkbox"/>
3. Initial positive test requires additional + and – controls and duplicate testing (presumptive positive)	<input type="checkbox"/>	<input type="checkbox"/>
4. Report all initial positive screening tests on DY-319 and Fax immediately to MDA	<input type="checkbox"/>	<input type="checkbox"/>
5. Has MDA collected a number of samples for drug residue screening equivalent to 10% of the farm bulk tank trucks received daily at the screening site?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has MDA compared those results obtained with the results for those same loads on the screening site's DY-318?	<input type="checkbox"/>	<input type="checkbox"/>

TRAINING:

1. Industry supervisor trained by the State Laboratory Evaluation Officer	<input type="checkbox"/>	<input type="checkbox"/>
2. Industry analyst and appendix N Sampler adequately trained	<input type="checkbox"/>	<input type="checkbox"/>
3. Analyst's training/evaluation dates and status documented	<input type="checkbox"/>	<input type="checkbox"/>

(Provide a current list of industry analysts and Appendix N Samplers for this site, with this form, when any change is made in status)

 (INSPECTOR)